

PRINTED: 11/21/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
---	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BLUE RIDGE RETIREMENT

1009 NINTH AVENUE WEST
HENDERSONVILLE, NC 28739

CONSTRUCTION SECTION

DEC 11 2014

(X4) JD PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 7, 2014. Records indicate that this facility was either first licensed or submitted for licensure on February 1, 1980. Based on this information, we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Regulations for Adult Care Homes, and the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy. FACILITY IS LICENSED FOR 43 BEDS Physical plant deficiencies were noted which require a plan of correction.	C 000	For the deficiencies cited during this survey, the facility has developed a plan of correction for continued compliance with the regulations. Maintenance will monitor each cited area at least monthly to ensure building remains in proper working order.	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

Brandie Wallen

URE421

Facility Mgr 12-1-2014

If continuation sheet 1 of 5

PRINTED: 12/10/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 NINTH AVENUE WEST HENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing by not have a one-hour fire-resistance-rated ceiling throughout. This could affect all residents, staff and visitors by not containing smoke and fire in the room or smoke compartment of origin. Findings on November 7, 2014: a. The ceiling was constructed with one layer of 1/4-inch plywood attached to wood framing in the Break Room Kitchen Storage Closet.	C 101	C-101 1- A. Sheet rock will be installed, finished, and painted. Completed 12/8/14	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not having all required safety devices. This would affect all staff and some visitors by not piping all temperature and pressure relief valves to a safe location. Findings on November 7, 2014: a. The water heater in Bedroom 105's closet was missing the pressure relief valve pipe extension.	C 166	C-166 1- A. A pipe extension will be added to extend 6 inches within the floor, will be completed by 12/17/14	
C 189	Building Equipment Maintained Safe, Operating	C 189		

PRINTED: 12/10/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 NINTH AVENUE WEST HENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in accordance with NC Electrical Code because of improper wiring method. This would affect all residents, staff and visitors by exposing them to potential fire hazard and electrical shock.</p> <p>Findings on November 7, 2014:</p> <p>a. Living Room emergency light was wired with exposed connections not enclosed in a junction box with a lamp cord running through the gypsum ceiling and ground wire not connected.</p> <p>b. The wall mounted part of the magnetic hold-open on the Firewall Doors was very loose.</p> <p>c. A television was being powered with a two wire extension cord that was connected to a socket adapter in a keyless ceiling light fixture in Bedroom 105.</p> <p>2. Based on observations, the Building failed to maintain in a safe manner the integrity of the fire-resistance-rated construction because of breaches through the assemblies in the following locations. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin.</p> <p>Findings on November 7 2014:</p> <p>a. The ceiling had four data cable running through a 3/4 inch hole in the Kitchen Pantry,</p>	C 189	<p>C189</p> <p>1-A. Junction box will be mounted to store all wires. Completed 12/10/14</p> <p>1-B. Magnet was fixed on 11/7/14. Box screwed tightly and secured to wall.</p> <p>1-C. Television relocated to existing power receptical. Completed 12/10/14.</p> <p>2-A. Hole has been filled with fire caulk Completed 11/30/14.</p>	

PRINTED: 11/21/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 NINTH AVENUE WEST HENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in accordance with NC Electrical Code because of improper wiring method. This would affect all residents, staff and visitors by exposing them to potential fire hazard and electrical shock.</p> <p>Findings on November 7, 2014:</p> <p>a. Living Room emergency light was wired with exposed connections not enclosed in a junction box with a lamp cord running through the gypsum ceiling and ground wire not connected.</p> <p>b. The wall mounted part of the magnetic hold-open on the Firewall Doors was very loose.</p> <p>c. A television was being powered with a two wire extension cord that was connected to a socket adapter in a keyless ceiling light fixture in Bedroom 105.</p> <p>2. Based on observations, the Building failed to maintain in a safe manner the integrity of the fire-resistance-rated construction because of breaches through the assemblies in the following locations. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin.</p> <p>Findings on November 7 2014:</p> <p>a. The ceiling had four data cable running through a 3/4 inch hole in the Kitchen Pantry,</p>	C 189	<p>C189</p> <p>1-A. Junction box will be mounted to store all wires This will be completed by Dec. 10th 2014</p> <p>1-B. Magnet was fixed on 11/7/14. Box screwed tightly and secured to wall.</p> <p>1-C. On 11/7/14 a drop cord was ran from TV to outlet.</p> <p>2-A. Hole has been filled with fire caulk Completed 11/30/14</p>	

PRINTED: 11/21/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL046008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 NINTH AVENUE WEST HENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 3 b. The ceiling had an unprotected cable penetration in the Office near room 120, c. The ceilings had unprotected cable penetrations and metal conduits in most of the Bedrooms, d. The fire sprinkler escutcheon had drop down from the ceiling, exposing an unprotected opening, e. Firewall in the attic had an open PVC sleeves containing 5-6 fire cables that have no firestopping sealant inside, f. Some of the smoke detectors in the middle and back corridors did not completely cover the opening through the ceiling, g. The ceiling had a hole in the Living Room Mechanical Closet, h. The ceiling had a 3/4 inch hole in Bedroom 105's Closet, i. The pair of corridor doors had a 1/2 inch gap between their meeting stiles at the Dining Room. j. 3. Based on Observation, the Building was not maintained in a safe manner by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on November 7, 2014: a. A pair of inswing corridor doors were locked with a barrel bolt on the outside at the Dining Room. 4. Based on Observation, the Building failed to maintain in a safe manner emergency illumination of the egress pathway. This would affect all residents, staff and visitors that use these egress pathways in an emergency. Findings on November 7, 2014: a. The wall-mounted emergency light did not	C 189	2. B- Fire caulk placed in hole on 11/7/14 C - Fire caulk placed in holes 11/8/14 D - Braces in ceiling tightened up 11/7/14 E - Fire caulk placed in hole 11/8/14 F - Sheet rock mud will be placed in cracks. Will be completed by 12/15/14 G - Sheet rock mud will be placed in hole. Will be completed by 12/15/14 H - Sheet rock mud will be placed in hole. Will be completed by 12/15/14 I - Door gap will be covered with astragal. Will be completed by 12/22/14	

PRINTED: 11/21/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2014
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 NINTH AVENUE WEST HENDERSONVILLE, NC 28739		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 4 work on backup power when the test button was pushed that is near Bedroom 115. 5. Based on Observation, the Building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fail, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 7, 2014: a. A portable medical oxygen cylinder was stored standing up and not secured to the structure in Oxygen Storage Room near Shower Room. Fixed while Surveys were on site. b. A portable medical oxygen cylinder was stored standing up and not secured to the structure in Bedroom 120. 6. Based on observation, the fire resistance rating of the corridor was not maintain in a safe manner, by having doors that do not automatically latch into their frame. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room or compartment of origin. Findings on November 7, 2014: a. Corridor door hardware would not latch into the frame at Bedroom 105.	C 189	3. A- Chain bolt will be attached to the frame of inactive door leaf. Will be completed by 12/29/14. 4. A- Battery purchased from Blue Ridge Lighting and installed 11/28/14. 5. A- Fixed while surveys on site. B.- Fixed 11/7/14. Bottle placed in holder and secured. 6. A- Latch secured tightly on 11/8/14	